

10/563380

IAP20 Rec'd PCT/PTO 05 JAN 2006

Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	HERBAL COMPOSITIONS FOR THE TREATMENT AND PREVENTION OF PROSTATE DISORDERS
Attorney Docket Number::	2503-1188
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: EZIO  
Middle Name::  
Family Name:: BOMBARDELLI  
Name Suffix::  
City of Residence:: GROPELLO CAIROLI (PV)  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing VIA GABETTA, 13  
Address::  
City of Mailing Address:: GROPELLO CAIROLI (PV)  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-27027

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: PAOLO  
Middle Name::  
Family Name:: MORAZZONI  
Name Suffix::  
City of Residence:: MILANO  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing VIALE ORTLES, 12  
Address::  
City of Mailing Address:: MILANO

State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-20139

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: ANTONELLA  
Middle Name::  
Family Name:: RIVA  
Name Suffix::  
City of Residence:: MILANO  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing Address:: VIALE ORTLES, 12  
City of Mailing Address:: MILANO  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-20139

**Correspondence Information**

Correspondence Customer Number:: 00466

**Representative Information**

Representative Customer Number::	00466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2004/006550	6/17/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	MI2003A001388	7/8/03	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::